Navy & Marine Corps Medical News
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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (Navy researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

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Headline: TRICARE claims system improved
>From TRICARE Management Activity

ALEXANDRIA, Va -- TRICARE has initiated a new program that will detect billing inaccuracies and create more efficiency.

TRICARE Claimcheck is an automated auditing program that reviews TRICARE claims for services provided by individual professional providers, to make sure that those services have been billed appropriately.

The program checks claims to detect such things as "unbundling" of procedures (improperly submitting charges individually on several separate component procedures that should have been billed together as a single, comprehensive

procedure). It also detects and tracks medical visits with pre- and post-operative care, duplicate procedures, mutually exclusive procedures and age/sex conflicts.

The TRICARE Management Activity (TMA) continues to look for ways to improve the claims audit process. TMA communicates with TRICARE contractors and military lead agents' medical directors, professional societies and other organizations, seeking their comments about TRICARE claimcheck edits.

TMA encourages suggestions on how to improve TRICARE Claimcheck, along with the submission of the clinical/medical rationales for the suggested changes, in order to facilitate review of the recommendations.

Suggestions may be forwarded to: TRICARE Management Activity, Medical Benefits and Reimbursement Systems, 16401 E. Centretech Parkway, Aurora, CO 80011.

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Headline: State-of-the-art new naval medical facility
By John E. Peters, Atlantic Division Naval Facilities Command

NORFOLK, Va. -- Exceptional health care and excellent customer service are not the only elements of the professional, quality service provided to Navy Medicine's customers.

Today, technological innovations and creative design are part of new or refurbished facilities awaiting beneficiaries.

The $400 million redevelopment of Naval Medical Center Portsmouth, with it's $167 million centerpiece, Charette Health Care Center (CHCC) is an excellent example of the new facilities designed to provide Navy Medicine's customers an environment that is well-planned, technologically advanced and aesthetically pleasing.

The construction of this new state-of-the-art facility is managed by the 1998 Morell Medal recipient, Commander Paul M. Kuzio of the Civil Engineer Corps. The award is given annually by the Society of American Military Engineers to an officer of the U.S. Navy Civil Engineer Corps or to a civilian employee of the Naval Facilities Engineering Command in recognition of the most outstanding contribution to military engineering.

Kuzio's three-year tour of duty as both Deputy Officer in Charge of Construction and Officer in Charge of Construction (OICC) has spanned a period of unequalled challenge and complexity of the nine-phase construction program, which began in 1990. Continuous improvements in medical technology, coupled with changes in health care management, necessitated a great deal of perseverance and agility during construction of the project.

Kuzio credits the OICC team, both past and present, for winning the prestigious award. "The people here are phenomenal, absolutely committed to excellence and dedicated

beyond belief," Kuzio said.

In terms of construction complexity and design sophistication, the CHCC is the single greatest undertaking of military construction this decade. When measured by the quantum increase in the quality of health care received, no facility constructed in this decade will have a greater impact for the estimated 400,000 beneficiaries of this new medical center. Delivery of the CHCC will ultimately save the Navy millions of dollars in contracted health care costs.

The CHCC includes over one million square feet of medical space, with another 700,000 square feet of interstitial (or floor-between-floors) mechanical space. Its state-of-the-art systems and high-tech equipment all had to be installed, tested, and certified to meet requirements of the Joint Commission on the Accreditation of Healthcare Organizations.

The award commends Kuzio for his exceptional skills as leader, engineer and contracting officer, which were instrumental in the success of this extraordinary project. He provided superb leadership and management to the OICC team and riveted the attention of all to high quality construction. In guiding the construction to its completion, he set extremely aggressive goals, defined the criteria for final acceptance, focused the team, and locked in delivery schedules for over $100 million in follow-on equipment installations and outfitting contracts on a very precise timeline.

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Headline: Joint forces provide aid to one-in-a-million patient

>From U.S. Naval Medical Clinic, London, U.K.

LONON, U.K. -- Caring for military families in isolated areas overseas often requires Navy physicians to rely on other branches of the armed forces, as well as the local host nation.

That was the case when a four-week old infant arrived at the Branch Medical Clinic, St. Mawgan, located in southwest England, looking pale with a persistent fever. It was clear to Clinic Director, CDR Peter Peff, MC, that the child needed an immediate referral to a local hospital.

Peff and his staff have come to rely on their British counterparts, especially since the nearest military inpatient facility is seven hours away.

After a quick call to the local pediatric staff, the infant was sent to the NHS Treliske Hospital 25 miles from St Mawgan. At Treliske, Dr. P. Cruikshanks, a pediatric specialist, determined that the infant had pancytopenia, a blood disorder in which all the white and red blood cells and platelets are abnormally low as well as enlargement of the liver and spleen. The child began supportive treatment, but would also need a bone marrow biopsy to make a definite diagnosis. Because this was an unusual disorder for a four-

week old infant, the child was further transferred to Bristol Pediatric Hospital for more extensive treatment.

The biopsy confirmed a diagnosis of familial erythrophagocytic lymphohistiocytosis or FEL, a rare blood disease found in less than 1 in a million people.

"Fortunately the doctors at Treliske knew that physicians at Bristol Pediatric Hospital were familiar with the disease," said Peff.

At Bristol Pediatric Hospital, the child showed a rapid response to treatment and within days a rise in the numbers of all three blood cell types.

Since long-term treatment would be necessary, plans were made to transfer the infant to the United States as soon as his condition stabilized. It was determined that Navy CAPT Duval-Arnoult, MC, of the Pediatric Hematology-Oncology Service at the Walter Reed Hematology-Oncology Department had the necessary expertise, and it was also the site closest to the parents' home of record.

Had it not been for the forethought of establishing access to host nation medical services 50 years ago for U.S. military forces serving in the United Kingdom, and the joint cooperation and professionalism among all the medical service branches throughout the world, this story might not have had a happy ending. But it does - three weeks, three military services and three countries later, the child is a stable, perky outpatient - and truly one-in-a-million.

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Headline: Nurses, clerks provide key TRICARE service
By LT Rick Haupt, TRICARE Region Nine

SAN DIEGO, Calif. -- Orbelina Melaney has a pretty smile, but it's her pleasant tone and professionalism that penetrate the impersonal effect of the telephone line to satisfy her customers.

Melaney is a health care finder clerk. She is a part of a TRICARE team of 22 registered nurses and 12 health care finder clerks that work for Foundation Health Federal Services, Inc., TRICARE's managed care support contractor for TRICARE Region Nine.

The health care finder team provides an authorization system that is key to the delivery of health care under a managed care system. The team assists TRICARE primary care managers, specialists and beneficiaries in obtaining authorization for specialty, ancillary, and preventive health care services.

The authorization system provides an infrastructure to review treatment requests for medical necessity, channels care to the most appropriate provider, supplies timely information on the use of resources and projects estimates of medical expenditures. The team processes an average of 450 faxed requests and 1100 telephone calls per day.

"Timeliness is very important," Melaney said. "It's very satisfying when I'm able to help someone. We all work

together here to make the process work, and I think that's nice."

According to Charlene Simpson, a senior health care finder and registered nurse with FHFS, civilian primary care managers generate the majority of specialty referrals. Military PCMs typically refer to military specialists within their military treatment facility.

Only when the specialty care is not available at the MTF does a military PCM use the health care finder service. But, at many of the smaller MTFs with limited specialty care in the region, using the health care finder service is common. TRICARE Service Centers co-located with MTFs have their own health care finders on site who handle the majority of the MTF-generated authorizations.

Urgent authorizations at the Health Care Finder Call Center are handled almost exclusively over the telephone. Routine authorizations are typically handled via fax.

If a PCM requests an urgent authorization, it is often issued on the first phone call if the service is not available at the MTF. However, for any service that is available at the MTF, the PCM then calls the MTF directly to expedite and complete the referral process.

The authorization process is fairly simple. However, the staff's attention to detail and ability to handle a large volume of requests is paramount to its success.

First, a clerk checks if the requested service is a covered benefit under TRICARE. Then a registered nurse checks to see if the service meets medical criteria, using standards developed by industry benchmarks. The request is then forwarded to an MTF if the patient is in an MTF catchment area, or, if not, to a civilian specialist within access standards of a 60-minute drive from the beneficiary's residence.

If the service is not available at the MTF within TRICARE access standards, the MTF issues a letter of disengagement, and the health care finder then works with the PCM to find an appropriate civilian specialist.

Clerks, like Melaney, screen incoming calls and provide basic TRICARE information.

The choice in specialists is most typically left up to the PCM, although some patients may know a particular specialist in the Foundation network by name and choose them, Simpson said. The health care finders can also help find a conveniently located provider by querying a database.

"We work to find the provider that is most conveniently located to them," she said. “We're here to help."

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Headline: Great Lakes takes charge of screening for cancer
By LT Youssef H. Aboul-Enein, MSC Naval Hospital Great Lakes and Mrs. Judy Lazarus, Naval Training Center

GREAT LAKES, Ill -- Naval Hospital Great Lakes conducted its first cancer screening day last month which attracted

active duty members, retirees and dependents from a tri-state area.

The program provided screening for a variety of cancers from oral to cervical and included mammograms.

About 20 physicians, several departments and support staff participated. They offered pamphlets and information on self-examination and the importance of routine screening.

"Many people have things they're worried about which may be cancerous but are afraid of the diagnosis. These cancers grow and become harder to treat, making prevention and patient education the key to a decisive cure of the psychological and physical ailments brought on by cancer," said LCDR Clark Walker, MC, one of the event coordinators.

LT Gerald Kiplinger, MSC, marketed the event working with the TRICARE Service Center. They devised a unique marketing strategy involving selective notification, where a TRICARE operator who took appointments also had access to the beneficiary's information and mentioned the free cancer screening conducted at the Naval Hospital. They used demographic information to inform those that would benefit most from the program.

More than 230 people eligible for military care took advantage of the free cancer screenings. They also visited several departments participating in the event from dermatology to general surgery.

In the world of managed care, disease management, wellness and preventive medicine programs have come to the forefront of military healthcare.

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Headline: DoD has strong and effective position on domestic violence

>From American Forces Press Service

WASHINGTON -- The message is clear: Domestic violence is a problem the Department of Defense takes very seriously. It is not only an assault on the family, it is an assault on military values and good order and discipline.

“We’ve put $100 million into the program and have more than 2,000 people at military installations worldwide dedicated just for this program,” said Gail H. McGinn, acting deputy assistant secretary of defense for personnel support, families and education. “We have an early identification thrust to the program that helps us identify problems early on and intervene. And we have a mandatory reporting requirement, not only for child abuse, which the civilian sector tends to have, but for spouse abuse as well.”

Perhaps most important, DoD’s program requires immediate notification of unit commanders when cases are reported. This adds a layer of accountability not present in civilian programs.

“We’re not using similar methodologies, we’re not looking at the same population, and we’re not using similar

definitions," McGinn said about the difference between DoD and civilian agencies.

DoD divides domestic abuse into three categories: mild, moderate and severe. The official said that three-fourths of the incidents reported in the military fall into the category of "mild," or what DoD classifies as emotional abuse not involving physical harm.

Only three percent of reported cases involve what is classified as "severe" physical abuse. Civilian agencies usually classify an incident as abuse only if it involves physical harm.

"And for child abuse, where we do have similar reporting categories, our rates of abuse are about half those of the civilian population," McGinn added.

DoD intentionally categorizes emotional abuse as family violence because it helps activate the Family Advocacy Program early on – before emotional abuse turns physical.

The program emphasizes prevention and appropriate response when abuse does occur. For example, Family Advocacy Programs at all installations offer workshops on coping with stress, conflict resolution and communication, as well as personal and group counseling. And when a case is identified, the official said a "multi-disciplinary team" of specialists on the installation make recommendations to commanders on how best to proceed, whether it be counseling or stronger interventions such as restraint or military justice.

Command involvement is a key component.

"Because we have a mandatory reporting requirement to commanders, they are involved in incidents from day one," McGinn said. "So it's important they know what's available to them in terms of the Family Advocacy Program and what options they have under the military justice system."

The DoD will be taking action to make the program even stronger. The department will try to standardize agreements between military installations and their surrounding communities which spell out more clearly how to cooperate on domestic violence cases. And more effort will be focused on reaching military spouses and educating them about the resources available to them through the Family Advocacy Program.

While seeking ways to improve the program, DoD remains proud of its record on preventing domestic violence and committed to the effective programs already in place.

"Family violence is counter to the values of the military, the values of military leadership and what we stand for," McGinn said. "One case is too many cases, but we do have a strong program. It's there to help people. It's there to help commanders, and it's there to help mission readiness."

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Headline: Navy know how saves Russian engineer
By JO2 Andrew Garten, USS Carl Vinson

USS CARL VINSON -- What started out as a routine search for contraband turned into a life-saving event.

On the March 16th a maritime interception operations team from USS McClusky FFG 41, boarded a Russian registered cargo ship. As usual all hands were mustered on the forecastle. All but one turned out. The chief engineer of the Perma Bridge was found unconscious in his bed.

Immediately the Independent Duty Corpsman on board McClusky was rushed to the Russian ship. HM1 John Deal discovered that the man was suffering from respiratory distress. Deal, realizing the engineer required more extensive treatment than he could adequately provide on board McClusky, asked his skipper for the location of the nearest hospital – 36 hours by sail.

Arrangements were made for the engineer to be brought to the nearby aircraft carrier, USS Carl Vinson CVN 70, where the necessary medical equipment was available. Senior Medical Officer CDR Robert Koffman, MC, could tell the stricken man would not last that long without proper care, said Deal.

Aircraft continued to launch and recover as the Alpha Medical Response Team assessed the condition of their unconscious arrival. They stabilized him and took him on a weapons elevator from the flight deck to the second deck and straight to the intensive care unit.

"We tried to figure out what to do for the man," said HM1 Ron Wagner, Alpha team leader. "We could tell he was bad off, probably dying. We gave him oxygen and intravenous drugs. Unfortunately we had no information to go on. We didn't know if he had suffered a trauma, or if he had overdosed on the medicine we found in his pocket or if he was having an allergic reaction."

The ship's nurse, LT Kelly Gann, NC, runs the ship's intensive care unit. Gann stayed up all the night along with the ship's surgeon to ensure the patient would be all right.

"We have limited resources here and we couldn't talk with him to find out what may have happened," said Gann. "It was like practicing medicine before CAT scans.”

They had to take clues from his responses to pain and how his body laid to determine if treatment was working. His breathing was very rapid and shallow and they had to suction his lungs to remove the fluid.

“He could have drowned if he had not been brought to us,” said Gann.

The next day the patient could open his eyes but couldn't focus, said Gann. Later in the day he was able to drink some water and talk. He was then stabilized enough to be flown ashore for follow up care.

"It's still a puzzle about what happened to him," said Gann. "But he came to the right place. We have the best corpsmen in the Navy here."

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Headline: TRICARE question and answer

Question: Should a family member covered by other comprehensive health insurance enroll in Prime?

Answer: If a family member has other comprehensive health care insurance, we do not encourage enrollment in TRICARE Prime.

When other comprehensive health coverage is involved, TRICARE is automatically the secondary payer. It may be easier to coordinate benefits with other health insurance under TRICARE Extra and TRICARE Standard.

Check with your TRICARE Service Center for further guidance.

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Headline: Healthwatch: Making it through sneezin' season
By Bureau of Medicine and Surgery

WASHINGTON -- Blooming flowers and budding trees are making a welcome return as spring ushers in the rewards of a cold and lifeless winter.

But for some, breathing in the warm spring air may bring days of misery aggravated by chest congestion, watery eyes and a stopped up nose.

An estimated 25 million Americans suffer from these symptoms often termed as hay fever. According to the American Academy of Allergy and Immunology, the scientific term for those runny noses and itching eyes and throat is allergic rhinitis.

Allergic rhinitis is caused by airborne pollen. But the type of pollen differs each season. A report by MSNBC stated that tree pollens are prevalent in the early spring, grass pollens in the late spring and early summer, and weed pollens in late summer to early fall.

The good news is that allergic rhinitis sufferers can still enjoy the warm weather without the aggrevating symptoms.

The best way to cope with these pollens and make life easier on your nose is to stay inside during the hours that the pollen rate is at its highest. Usually the early morning and late afternoon are the worst times to be outside. Going for a jog after a rainfall is best, because rain cleans the pollen out of the air.

In addition, do the following:

- Use your air conditioner instead of opening up a window in your house and car.
- Use a dryer to dry your clothes instead of hanging them out on the line to avoid pollens from filtering into your clothes.
- Wash your hands and face when you come indoors to wash away pollens.
- Frequently shampoo your hair during the pollen season.

- Keep animals out of the house or bedroom. Pet hair as well as dust and mildew can trigger allergic rhinitis.

If these lifestyle changes don't help with allergic rhinitis, then consult your doctor. Some forms of allergic rhinitis may require prescription medicine or allergy shots.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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